



Ifw

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/670,577
	Filing Date	September 25, 2003
	First Named Inventor	Colin Frank
	Group Art Unit	2681
	Examiner Name	UNKNOWN
Total Number of Pages in this Submission	Attorney Docket Number	CE10471R

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief}
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Steven A. May	Registration No.	44,912
Signature			
Date	August 10, 2004		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:			
Typed or printed name	Nanette Orr		
Signature			Date
			August 10, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Frank et al. Group Art Unit: 2681  
Application No.: 10/670,577 Examiner: UNKNOWN  
Date Filed: September 25, 2003  
Title: METHD AND APPARATUS FOR USING SWITCHED MULTIBEAM  
ANTENNAS IN A MULTIPLE ACCESS COMMUNICATION SYSTEM

---

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313

SIR:

In accordance with 37 C.F.R. §1.56 and in compliance with 37 C.F.R. §§1.97 and 1.98, the references listed on attached Form PTO/SB/08 and/or subsequently identified herein, are for consideration by the United States Patent and Trademark Office. Pursuant to the Office waiving the requirement under 37 CFR 1.98 (a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003 and for all international applications that have entered the national stage under 35 USC §371 after June 30, 2003, copies of the reference are not submitted herewith.

I. ☒ THIS IDS IS BEING FILED UNDER 37 C.F.R. §1.97(b)-(d): (check only one box)

- a. ☒ within three months of the filing date of a national application other than a continued prosecution application under § 1.53(d); within three months of the date of entry of the national stage as set forth in § 1.491 in an international application; before the mailing date of a first Office Action on the merits; and/or before the mailing date of a first Office Action after the filing of a request for continued examination under § 1.114. No fee or statement is required.
- b. ☐ before the mailing date of any of a Final Office Action under 37 C.F.R. §1.113, a Notice of Allowance under 37 C.F.R. §1.311, or an action that otherwise closes prosecution in the application. Petition fee set forth in §1.17(p) is required unless a statement under 37 C.F.R. §1.97(e) is provided.
- c. ☐ on or before payment of the issue fee. Petition fee set forth in §1.17(p) and a statement under 37 C.F.R. §1.97(e) are required.

II. ☒ STATEMENT UNDER 37 C.F.R. §1.97(e) (check only one box, if applicable)

The undersigned hereby states that

- a. ☒ each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of IDS; or
- b. ☐ no item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application, and to knowledge of the person signing the statement after making reasonable inquiry, no item of information contained in the IDS was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing of this statement, or
- c. ☐ some of the items of information contained in the IDS were cited in a communication from a foreign Patent Office. As to this information, the undersigned states that each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this IDS. As to the remaining information, the undersigned hereby states that no item of this remaining information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application or, to the knowledge of the person signing the statement after making reasonable



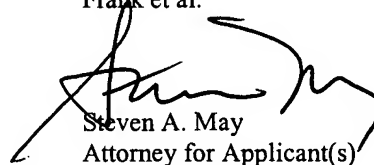
inquiry, no item of information contained in the IDS was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing of this statement.

III. PAYMENT OF FEES

- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the above-identified fee(s).  
☐ Please charge Deposit Account **502117** in the amount of \$\_\_\_\_ for the above-indicated fee(s).  
Enclosed is a Fee Transmittal in duplicate.  
☐ If Applicant has overlooked any additional fees, or if any overpayment has been made, the Commissioner is hereby authorized to credit or debit Deposit Account **502117**. Enclosed is a Fee Transmittal in duplicate.  
☐ Two Copies of this paper are attached for Deposit Account charges and debits.

The above references are being cited only in the interests of candor and without any admission that they constitute statutory prior art or contain matter which anticipates the invention or which would render the same obvious, either singly or in a combination, to a person of ordinary skill in the art.

Respectfully submitted,  
Frank et al.

  
Steven A. May  
Attorney for Applicant(s)  
Reg. No. 44,912  
Tel. 847-576-3635

MOTOROLA, INC.  
Customer Number 22917

Enclosures: ☒ Information Disclosure  
Statement by Applicant  
☐ References  
☒ Foreign Search Report  
☐ Other:

Application Number	10/670,577
Filing Date	September 25, 2003
First Named Inventor	Frank et al.
Group Art Unit	2681
Examiner Name	UNKNOWN
Attorney Docket Number	CE10471R

[illegible][illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation, if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> See Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English Language Translation is attached.

**If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.**